district nurse available, but in two or three of the parishes here (some of the largest in England) there is no nurse. Frequently one finds that the district nurse is not *persona grata* with a fair percentage of the cottage folk.

In our efforts to reduce maternal mortality the first and most obvious step seems to be to take measures to make the attendance of these "unclean" women illegal and punishable. Give the general practitioner a clean woman —preferably a licensed one—who will see that the patient, bed, and room are clean, and who knows the necessity of unlimited hot water and clean hands—one who knows a little of personal hygiene and how to wash a patient without spreading germs from everywhere over the site of the recent operation—and we shall have taken the first big step forward.

Not infrequently I have had a filthy woman of abysmal ignorance and ineptitude as helper, a cottage room bunged up with old furniture, clothes, and bric-à-brac, no hot water, a candle to work by, and in these surroundings have had to do a difficult forceps, first giving the anaesthetic, then hastily scrubbing up and performing the operation—with one eye on the patient, one on the job, and any spare glances to keep the "Gamp" from interfering. With all this one's results are almost uniformly good.

I don't believe the general practitioner is such a poor obstetrician. Perhaps I have been fortunate, but those I know could be trusted to deal with an emergency with promptness and decision in surroundings and conditions that would leave our hospital specialists speechless. By all means let us have our more efficient obstetrical specialists and highly trained midwives, but first give us, especially those of us in country general practice, just a little clean and efficient help. I think the results will surprise many.—I am, etc.,

Norfolk, Feb. 24th. E. CAMERON-MURPHY.

Surgical Masks

SIR,—Dr. R. K. Debenham's letter on surgical masks, in the *Journal* of Februray 23rd (p. 388), reminds me that I was once asked to test the efficiency of these. The method I adopted was to expose Petri dishes at about the level of a patient's abdomen when on the table, and let the surgeon and his assistant speak through their masks with their mouths at about the usual working distance from the plates. Quite a considerable number of colonies resulted in each case. As a control I and my assistant repeated the test without masks. To our surprise only one or two colonies appeared on our Petri dishes. It turned out that both I and my assistant were in the habit of cleaning our teeth after each meal, whereas the two surgeons cleaned theirs only night and morning. As we used only ordinary tooth pastes it would seem that sterilizing the mouth would give much better results than the use of masks. Curiously enough it was a Birmingham surgeon who asked for that test.—I am, etc.,

Falkirk, Feb. 25th. W. J. LOGIE.

"A Miracle of Healing"

SIR,—I think your readers will agree that the circumstances of the following case should be placed on record in a medical journal.

On February 15th I saw a young Greek lady, aged 19, at the request of Dr. A. P. Cawadias and Dr. G. E. Ellison. She had been to the gymnasium on the previous day for her usual exercises, and afterwards went downstairs and had coffee. While she was drinking it she suddenly found that she could not see, and she was led home. Half an hour later, at 10.30 p.m., she suddenly saw quite well, but at 11 o'clock the blindness started returning, and she was soon totally blind. Her mother had influenza a fortnight ago, and the girl had a sore throat and an illness which was probably of influenzal type a week later. There was practically no pain, though she doubtfully claimed to have had some the previous day. She was a well-nourished, well-developed girl, but obviously in a nervous state.

A careful examination showed no signs whatever of disease in the eyes. I gave her my arm, asked her to put a hand on my wrist and another on my elbow, and when I guided her in this way she followed me very rapidly into and about my dark-room. Patients who have long been blind can be led in this way and will move very quickly, but I have never known a patient recently blinded able to do this. It is, to my mind, a certain sign of long-continued blindness or else of useful sight. I thoroughly believe that she thought she was blind, but I am quite confident that she was seeing. When my secretary was bringing her upstairs she said to her, "Put your hand on the banisters." The girl unhesitatingly put out her left hand to the banister on that side. She did not grope with both hands or ask which side it was, as a blind person would have done.

I gave the opinion without the slightest hesitation, first of all to the mother and aunt, and later in consultation to Dr. Cawadias and Dr. Ellison, that the girl was suffering from hysterical amaurosis, and that she would recover her sight completely and probably suddenly. Yesterday I was informed by Dr. Cawadias that after two or three days' unsuccessful treatment by the doctor, "a Greek priest was called in at the mother's suggestion. *He read a prayer of exorcism of the devil!* After the exorcism she had a violent attack of convulsions, was put to bed, and after a few minutes threw off the blankets, screaming 'I see! I see!' Since then she has been normal. . . . The result is that the Greek priest in his triumph has challenged the faith of Dr. Ellison and myself in exorcism of the devil, and another cure of blindness has been added to the miracles of faith-healing!"

That such claims can continue to be made in the twentieth century is little short of astounding. The case was a typical one of hysterical amaurosis following influenza, and the patient was bound to recover, probably suddenly, before very long. Doubtless the strong suggestion associated with the priest's action sufficed to restore her confidence in her power of seeing. Meantime it is being bruited in the Press as a miracle.—I am, etc.,

London, W.1, Feb. 21st. R. H. ELLIOT, M.D., F.R.C.S.

High Blood Urea

SIR,—I read Dr. D. E. Dunnill's account of a case of abnormally high blood urea in the *Journal* of January 26th (p. 154).

A blood urea of 350 mg. is, of course, very high, but, in my experience at least, is not rare; nor are higher values rare. Among our records of over 50,000 blood urea estimations there are about 150 such cases. The finding, however, of such high urea values in chronic nephritis *with no symptoms of uraemia* is very rare. I note that Dr. Dunnill's patient was not entirely free of symptoms: there was drowsiness, nausea, and indigestion when the blood urea was higher than 350 mg.; and later, though this woman was able to go to a cinema two evenings in succession, she still complained of "a certain amount of nausea." A finding which, I believe, is also worthy of record, therefore, is the patient with no symptoms whatever.

One of our recent cases was that of a man, aged 55 years, who felt perfectly well and who, at his own request, was admitted to hospital for two or three days' observation because he was contemplating a long trip from home. As I stated, this man felt perfectly well; there was no nausea, no headache, no disturbance of vision, nor any other subjective sign suggestive of uraemia. There was marked hypertension, but of this he was not aware. He died two months later of uraemia.